WISCONSIN STATE LABORATORY OF HYGIENE

ENHANCED SURVEILLANCE rev.11/05

Patient Information		**Submitter Information**	
Name (Last, First):		(Your Institution's Agency Number If Known)	
Address:		(Your Institution's Name)	
City: State: Zip:		(Your Institution's Address)	
Date of Birth:	Gender: M F	(City, State, Zip Code)	
Occupation:		(Telephone Number)	
Your Patient ID Number (optional):		Health Care Provider Full Name:	
Your Specimen ID Number (optional):		*WSLH Use Only* Study: VI SURV-ENHANCED	*WSLH Use Only*: Bill To: (WSLH Account # 74201)

Specimen Submitted for: ☐ **Avian Influenza Surveillance**

☐ **Other** _____

If patient is part of an illness cluster, please identify group or provide name and address of institution.

Date Collected:	**Specimen Type:** ☐ Other_____ ☐ Nasopharynx Swab (dry) ☐ Nasopharynx Swab (in VTM) ☐ Combined Throat/Nasopharynx Swab

Date of Onset:

General Symptoms	**Respiratory Symptoms**	**Digestive Symptoms**
☐ Anorexia	☐ Conjunctivitis	☐ Diarrhea
☐ Arthralgia	☐ Ear Pain	☐ Nausea / Vomiting
☐ Fever	☐ Nasal Congestion	**CNS**
☐ Headache	☐ Nasal Discharge	☐ Encephalopathy
☐ Lymphadenopathy	☐ Pharyngitis	☐ Delirium
☐ Malaise	☐ Hoarseness	☐ Meningismus
☐ Myalgia	☐ Cough *(circle one)* productive / nonproductive / barking	
☐ Photophobia	☐ Crackles	
☐ Rash	☐ Dyspnea	
☐ Mouth Lesions	☐ Wheeze	
	☐ Pneumonia	

Vaccination History (Influenza): Was patient vaccinated? ☐ Yes ☐ No ☐ Unknown

If Yes, Date Vaccinated: / /

Travel History (Places and dates):

Was patient hospitalized? ☐ Yes ☐ No ☐ Unknown

If Yes, where: _____

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